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## Oral Health Advice for People With Serious Mental Illness

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### Background

People with serious mental illness experience an erosion of functioning in day-to-day life over a protracted period of time. There is also evidence to suggest that people with serious mental illness have a greater risk of experiencing oral disease and have greater oral treatment needs than the general population. However, oral health has never been seen as a priority in people suffering with serious mental illness.

### Objectives

To review the effects of oral health advice for people with serious mental illness.

### Search Methods

We searched the Cochrane Schizophrenia Group Trials Register (October 2009), inspected references of all identified studies, and contacted the first author of each included study if required.

### Selection Criteria

We included all randomized or quasi-randomized clinical trials focusing on oral health advice vs standard care or

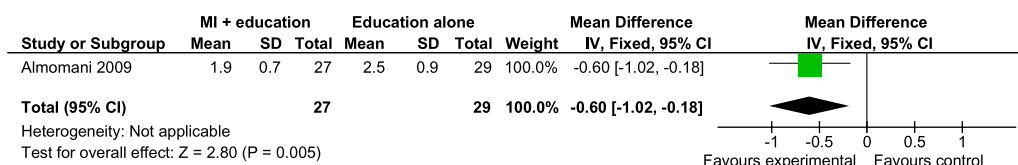
comparing oral health advice with other more focused methods of delivering care or information.

### Data Collection and Analysis

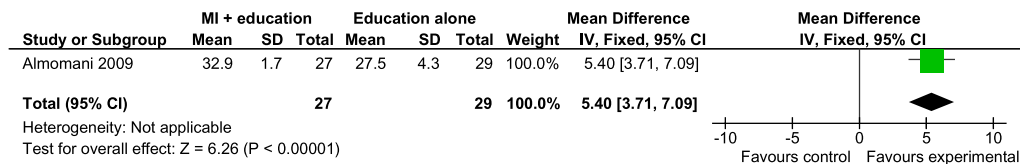
We independently extracted data and calculated random effects, relative risk, 95% CI, and, where appropriate, numbers needed to treat/harm on an intention-to-treat basis. For continuous data, we calculated weighted mean differences.

### Results

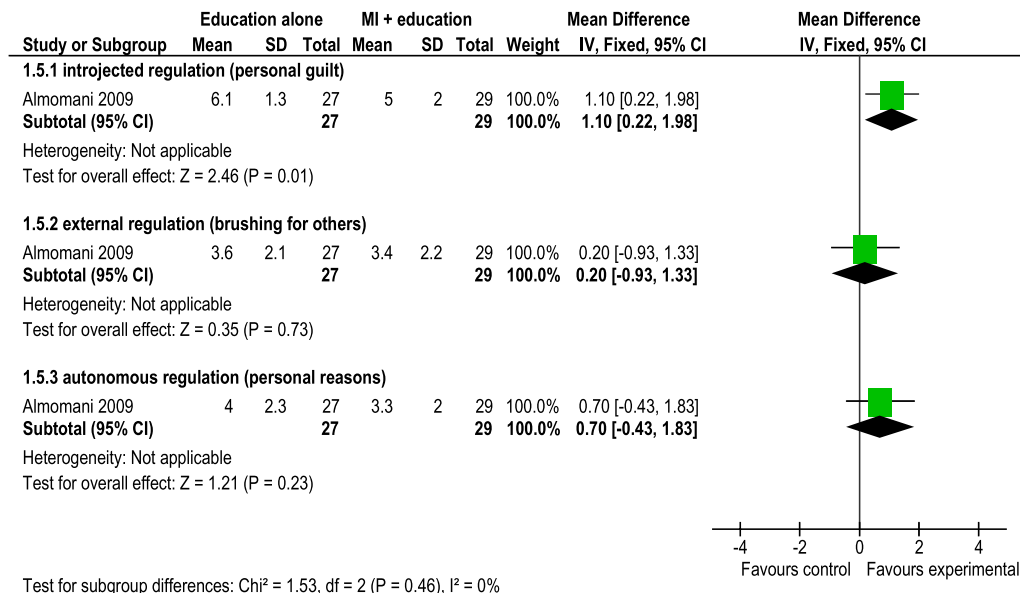
We identified one randomized controlled trial, randomizing fewer than 60 people to receive oral health motivational interviewing from a psychologist in addition to an education package vs the use of the education package alone. After 8 weeks, the intervention group showed a better dental state (mean difference [MD]  $-0.60$  CI  $-1.2$  to  $-0.18$ ) and a higher level of knowledge about oral health (MD  $5.40$  CI  $3.71$ – $7.09$ ). Motivational interviewing plus education were statistically significantly more likely to encourage “personal guilt” (MD  $1.10$  CI  $0.22$ – $1.98$ ) but not the will to brush for others (MD  $0.20$  CI  $-0.93$  to  $1.33$ ) or for own personal reasons



**Fig. 1.** Hygiene: Average Score (Modified Quigley-Hein Plaque Index, high score = bad).



**Fig. 2.** Knowledge: Average Score (15 item Oral Health Knowledge Questionnaire, high = best).



**Fig. 3.** Behavior: Average Score (Treatment Self Regulation Questionnaire, high = good).

(MD 0.70 CI -0.43 to 1.83). Outcomes were measured on scales (eg, Modified Quigley-Hein Plaque Index), the clinical meanings of which were not clearly explained within the trial itself (see figures 1–3 below)

### Authors' Conclusions

Perhaps, for people with serious mental illness, motivational interviewing plus education can significantly improve short-term oral health behavior. However, data are limited and the quality is poor. This is a neglected

area of research. Full details of this review are reported elsewhere.<sup>1</sup>

### Acknowledgments

The Authors have declared that there are no conflicts of interest in relation to the subject of this study.

### Reference

1. Khokhar W, Clifton A, Jones H, Tosh G. Oral Health Advice for serious mental illness. *Cochrane Database Syst Rev*. In press.